Only

PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. FUND FOR A CONSERVATIVE FUTURE PO BOX 96 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tim@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2014 C00326082 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Timothy A. Koch Type or Print Name of Treasurer Timothy A. Koch [Electronically Filed] 04 29 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYPE OF (СОММІТТЕЕ	_
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Cor		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Nar	me		
FUND FOR A	CONSERVATIVE FUT	URE	
6. Name of Any Connected	Organization, Affiliated Committee, Joint I	undraising Representati	ve, or Leadership PAC Sponsor
SEN JAMES M INHO	DFE 		
Mailing Address	2139 E 32ND STREET		
	TULSA	ОК	74105
	CITY	STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee	Joint Fundraising Represe	entative X Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number op	otional) and position of the	e person in possession of committee
Timothy	A. Koch		
Full Name	901 N Washington St, Suite 700		
Mailing Address			
	Alexandria	VA	
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	703 299 8571
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the , assistant treasurer).	e treasurer of the committ	ee; and the name and address of
Full Name Timothy of Treasurer	A. Koch		
Mailing Address	901 N Washington St, Suite 700		
	Alexandria	VA	22314
	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	703 - 299 - 8571

	1 (Revised 02/2009)	
Full Name of Designated Agent	Theodore V. Koch	
Mailing Address	901 N Washington St, Suite 700	
	Alexandria VA 22314	
	CITY STATE Z	IP CODE
Title or Position Assistant Treasur	rer	99 - 8570
Banks or Other D	Depositories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
safety deposit box Name of Bank, De		accounts, rents
safety deposit box Name of Bank, De	xes or maintains funds.	accounts, rents
safety deposit boxo Name of Bank, De	epository, etc.	accounts, rents
safety deposit boxo Name of Bank, De	epository, etc. Wells Fargo	accounts, rents
safety deposit boxo Name of Bank, De	epository, etc. Wells Fargo	accounts, rents
safety deposit boxo Name of Bank, De	Wells Fargo 330 N Washington St Alexandria VA 22314	accounts, rents
safety deposit boxon Name of Bank, Definition	Wells Fargo 330 N Washington St Alexandria CITY STATE Z	
safety deposit boxon Name of Bank, Definition Mailing Address Mailing Address Name of Bank, Definition Definition Name of Bank, Definition Name	Wells Fargo 330 N Washington St Alexandria CITY STATE Z	
safety deposit boxon Name of Bank, Definition Mailing Address Mailing Address Name of Bank, Definition Definition Name of Bank, Definition Name	Wells Fargo 330 N Washington St Alexandria CITY STATE Z epository, etc.	
safety deposit boxon Name of Bank, Definition Mailing Address Mailing Address Name of Bank, Definition Definition Name of Bank, Definition Name	Wells Fargo 330 N Washington St Alexandria CITY STATE Z Bank of America	
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safety deposit boxon Name of Bank, Definition Mailing Address Name of Bank, Definition Definition Name of Bank, Definiti	Wells Fargo 330 N Washington St Alexandria CITY STATE Z Bank of America	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **INHOFE VICTORY COMMITTEE 2014** 901 N WASHINGTON ST, SUITE 700 Mailing Address **ALEXANDRIA** 22314 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number